FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000010741 (2)

AGRI-VEST INTERNATIONAL, INC.

FILED
May 20 1997 8:00am
Secretary of State

Principal Place 810 SOUTHWES OCALA FL 3447	Mailing Address 810 SOUTHWEST 80 ST OCALA FL 34476-4913	SOUTHWEST 80 STREET						
					3. Date incorporated or Qualified 02/02/1996	3a. Date	of Last R	oport
2. Principal Pl	ace of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·		4, FEI Number		As	plied For
21	······································	26]			59-34353	<u> 75 </u>		t Applicable
Suite, Apt. (#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	
City & State		City & State					Fee Re	
23		28]			6. Election Campaign Financing Trust Fund Contribution	רז	\$5.00 Added 1	
Zip	Country	Zip	Coun	try	8. This corporation has liability for	intangible ta	·······	
24	25	29]	30		-] Yes [
	g. Name and Address of Curren	t Registered Agent		41 N	10. Name and Address of New Re	gistered A	gent	
	PORATION SERVICE COMPANY		,	Name				
	HAYS STREET AHASSEE FL 32301-2525		E	Street Add	iress (P.O. Box Number is Not Acceptal	ole)		
intl	711700EE L 04001"4040		-	3				
			E	City		FL	85 Zip∜	Code
11. Pursuant to office or reagent. Lar	o the provisions of Sections 607.050: ogistered agent, or both, in the State n familiar with, and accept the obliga	2 and 607.1508, Florida Stat of Florida. Such change wa ations of, Section 607.0605, I	utes, the abo s authorized Florida Statu	ove-named cor by the corpora les.	poration submits this statement for the pation's board of directors. I hereby acce	ourpose of columns of the appearance of the appe	hanging it intment as	s registered registered
SIGNATURE				ديد وينور				** ***
12.	Signature, typed or printed name of registered age OFFICERS AND			Agent signature requ	ADDITIONS/CHANGES TO DEEK	DATE PEDG ANID I	DIDECTOR	C IN 10
TITLE	\$	DELETE	13. 11 III.		ADDITIONS/CHANGES TO OFFIC	LUO KIND I	Change	S IN 12
NAME	SARANDES, ANTHONY	_	1.2 NAM					
STREET ADDRESS	810 SOUTHWEST 80 STREET		1.3 STRI	ET ADDRESS				
CITY-\$1-ZIP	OCALA FL 34474		14 CITY	-ST-ZIP				
TITLE	PT	DELETE	2 1 1111	[Change	Addition
NAME	SCHMIDT, JAMES		2.2 NAM	IE				
STREET ADDRESS	810 SOUTHWEST 80 STREET		2 3 STRI	ET ADDRESS				
CITY-ST-ZIP	OCALA FL 34474	Drivers		(-SI-2)P			1 0	1020
TITLE NAME		L DELETE	31111			ι	Change	Addition
STREET ADDRESS			3 2 NAM	ET ADDRESS				
CITY-ST-ZIP				TET AUDRESS (+\$1-ZIP				
TITLE	The state of the s	DELETE	4.1 7/11			Т	Change	Addition
NAME		—	4. 2 NAM					
STREET ADDRESS				EL ADDRESS				
CITY-ST-ZIP			4.4 DHY	- \$1 - 7IP				
TITLE		DELETE	5.1 THL			[Change	Addition
NAME			5.2 NAV	E				
STREET ADDRESS			5.3 STRE	E1 ADDRESS				
CITY-ST-ZIP		T server		-\$1-7IP	WELL IN ALL AND AND ADDRESS OF THE A		T &	
TITLE		LJ DELETE	6.1 1111			L.	Change	Addition
NAME OTREET ARRESTOR			6.2 NAV					
STREET ADDRESS			1	E1 ADDRESS				
CITY-ST-ZIP	v certify that the information surrolled	with this filing does not run		-\$1-7IP remotion state	d in Section 119.07(3)(i). Florida Statute	s I further	partify that	the
Information	i indicated on this annual report or s	upplemental annual report is the receiver or trustee empo	s true and ac owered to ex	curate and tha	t my signature shall have the same legs ort as required by Chapter 607, Florida S	! effect as i	f made uni	der oath: that